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ABSTRACT

Erik Erikson's model (1963, 1982) is most useful to an understanding of development and aging. He describes lifelong growth as related to tasks that must be performed. At each stage of life, times of stability are followed by developmental crises. Upon resolving the crisis, the individual can enjoy the particular beauty and security of that psychosocial stage and go on to the next. Robert Kegan (1982) points out that the developing person needs confirmation in times of transition. Educational environments should be able to "hold" older people and provide the support to encourage growth. The origin of the concept of reminiscence as a life task is the work of geriatrician Robert Butler, who developed the theory that reminiscence in older persons was a natural and universal process of "life review." Another aspect of "task" theory is the changing nature of one's femininity or masculinity. Adult educators must be concerned with the concept of "wellness." Adults who fear growing old would benefit from education about successful aging, covering cognitive functioning, muscular capacity, and nutrition. The concept of locus of control, also called autonomy, refers to decision making throughout one's lifespan. When given responsibility, older persons respond with physical and psychological improvement and a greater feeling of wellness. Educators need to provide opportunities for older adults to connect with and contribute to others so that they do not lose their creative inclinations. (Contains 41 references.) (YLB)

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LEARNING:

MEETING THE CHALLENGES OF OLDER ADULTHOOD

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At all levels, intelligence seeks to understand or to explain.

Jean Piaget

(1968, p. 5)

Introduction

Understanding older persons is akin to unraveling a magic skein of wool: as you unravel, the wool changes in color and texture. You begin to see the finest delineations of structure and form, you admire the length and wholeness. "This wool," you say, "is much more complicated than I first thought!" In trying to understand older learners, you see that individual intricacies emerge, color and content changes, texture is transformed: yet the long and complex strand is all of one piece; there is a discernible unity. If our educational institutions are to serve older adults, we must be able to appreciate the various strands of their lives.

In this paper I will examine how adult education contributes to the lives of older persons in order to encourage theorists and practitioners to initiate programs that promote independence and fulfillment in the last stage of life. My goal is to form the basis for a rationale for learning in older adulthood. I will examine specific elements of developmentalism and indicate which of these are not most closely related to adult learning: a

recognition of psychosocial tasks, issues of gender and identity, education in successful aging, appreciation of decision-making, and intergenerationalism.

Developmentalism

The idea that we are all moving through an orderly ontological and sociological maze permeates the literature of developmentalism. The imagery is hierarchal: we begin with raw perceptions, the need to connect and to trust. If we proceed at the Eriksonian (1963) rate, we grow into adulthood and old age with expected psychosocial roles and tasks. In old age we can achieve an integrated sense of our place in the world. This description suggests that the culture expects one to progress:

> The life of an individual in any society is a series of passages from one age to another. . .A man's life comes to be made up of a succession of stages with similar ends and beginnings. . .For every one of these events there are ceremonies whose essential purpose is to enable the individual to pass from one defined position to another which is equally well defined. (Van Gennep, 1908/1960, p. 203)

The "ceremony" of late life is the awareness of life's finitude and the wish to find order and, again, to connect and trust.

Task, crisis, and learning

Erik Erikson's (1963, 1982) model is most useful to our understanding of development and aging. He described lifelong growth as related to tasks which must be performed. At each

stage of life, times of stability are followed by developmental crises. Upon resolving the crisis, the individual can enjoy the particular beauty and security of that psychosocial stage and go on to the next. The stages are cyclical and predictable: periods of crisis, stagnation, and growth alternate. We grow to fullness with age, and insights about the meaning of human potential.

Postmodern developmentalists have used phenomenological methods to explore the growth and development of persons, particularly asking why they engage in certain behaviors at certain times, apparently times of transition from one period or stage to another. These moments of transition include "tasks" which challenge us. (Theorists include Roger Gould, Daniel Levinson, and George Vaillant.)

Robert Kegan's (1982) cognitive and affective model is referred to as "constructive developmentalism." The task, he suggests, is that we "make meaning" of events at different times in our lives according to our own self-perceptions. He points out that the developing person needs confirmed in times of transition. Our educational environments should be able to "hold" older people and provide the support to encourage growth. This may mean that we as adult educators can not simply envisage "fun" senior citizen settings in which a variety of social/recreational events occur; we must also ask in what ways older people can resolve cognitive and affective needs. Jim Fisher's (1993) recent examination of the developmental changes

occurring in older adults is particularly significant as we explore this dimension of adult education.

Several gerontologists suggest that the major task of old age is to come to terms with one's own life story, a story that may be a legacy to future generations. The literature of reminiscence as a normative process and discussions of programmatic responses posit that the "inner life" drives behaviors such as course-taking, reading, learning and activities. "Inner life" is the private area of depth: finding personal meaning in academic content, reflecting on one's life within the context of "outside" everyday events of "outer life." One grows "aware of how unstable and transient are so many things in life" (Braceland, 1979, p. 760).

The origin of the concept of reminiscence as a life-task is the work of geriatrician Robert Butler whose ground-breaking piece is now a classic in the field. Dr. Butler was the first director of the National Institute on Aging and the first gerontologist to look at "normal aging"--that is, what really happens to people who are <u>not</u> institutionalized but living autonomously in the community. A psychiatrist by training, he developed the theory that reminiscence in older persons was a natural and universal process of "life review": an evaluation of one's past experiences. He wrote, "I conceive of the life review as a naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences and conflicts; simultaneously, and normally, these

revived experiences and conflicts can be surveyed an reintegrated" (1963, p. 66). Butler writes, "Old age is a period on which unique developmental work can be accomplished" (1982, p. 25). This thinking changed the way gerontologists view recollection and reminiscence in late life and charged us to organize activities which welcome older persons' life stories.

Applied techniques for the adult educator

Some of the most exciting work in application of reminiscence to learning environments can be found in Kaminsky's The uses of reminiscence and Birren and Deutchman, Guiding autobiography groups for older adult adults: Exploring the fabric of life. These materials give good activities for applied reminiscence and related curriculum with "how to" suggestions for implementing everything from writing to theater workshops. (See also, Myerhoff, 1979; Wolf, 1992.)

Gender and Identity

Another aspect of "task" theory is the changing nature of one's "femininity" or "masculinity." Identity is a life-long discovery, and recent thinking about gender roles has echoed the work of C.G. Jung (1933): that social roles require different ideation for women than for men. This perception has been articulated recently in the work of "new gender movement" theorists such as Carol Gilligan, Jean Baker Miller, and Robert Bly. Cross-cultural research, indeed, has confirmed this premise in older adults. David Gutmann (1989) found that older men seek to fulfill growing affiliative needs after the "parental

emergency" of early adulthood. They are concerned with feelings of nurturance and interested in roles previously deemed "feminine." The implication, too, is that older women--many current older women raised within the strictures of the gender roles of the first half of the century--wish to explore more assertive, out going roles within the worlds of finance, travel, and business. (See Friedan, 1993.)

The Older Adult and Health

Adult educators must be concerned with the concept of "wellness," a new and exciting area of research on learning and well-being for older individuals' development. It involves a shift from authority-within-the-physician to authority-within-the-self. For many older adults, this shift --the need to see oneself as in control of the health-care situation--requires a major transformation of perspective as the following example illustrates:

> Mr. Adamski, age 81, is taken by his daughter to Dr. Zee for an annual check-up. (Dr. Zee, by the way, is 36-years-old.) Dr. Zee performs all the usual tests, talks to Mr. Adamski, looks at the charts, etc. All seems fine. The next day Mr. Adamski's daughter calls Dr. Zee and says, "My dad is sitting under the grapevines and clutching his heart. There is something very wrong."
>
> Mr. Adamski is brought back into Dr. Zee's office the next day. Dr. Zee says, "Why didn't you tell me that you had pains in your chest?"

Mr. Adamski says, "Why should I tell you? You're the doc. You're supposed to examine me and find out."

This shows how men of Mr. Adamski's age and cohort group perceive of the medical practitioner. Future groups of older adults, however, will be trained in more aggressive modes of interacting with health care providers. Adult educators should realize that they will want to be educated about health and the prevention of age-correlated diseases.

What <u>does</u> happen in aging? Of course, each of us ages differently. We begin to see in middle age the changes associated with older adulthood. While there are certain standard physical characteristics of aging, each of us will fulfill our own genetic and environmental mandate. Our physical conditioning will also play a pivotal role. For example, a nonsmoking, physically fit woman may have no disease in her 70's. Her sister, however, who has led a sedentary life, is overweight, and smokes, may develop heart or lung problems. If diabetes is a family trait, neither woman may exhibit signs of diabetes or both may show signs. Conditions caused by alcoholism, malnutrition, continued stress and medication can cause a breakdown in the older person's health. Such conditions can then escalate a decline which is related to physical well being and not to aging per se. There is great individual variability in the aging process.

Recently, Drs. Rowe and Kahn reported on research done over

the past 30 years that differentiates the normal processes of the maturing body ("successful aging") from the specific diseases which sometimes accompany aging. By studying healthy older adults who are community residents, researchers have tried to discover guidelines that "would not be contaminated with changes related to specific disease processes" (Rowe, 1987, p. 1). They expect that ongoing work will explore what happens in "normal" or "successful aging."

Educational outreach

Adults who fear growing old would benefit from education about successful aging, covering the following areas:

1) Cognitive functioning: Contrary to previous assumptions, recent research findings of Schaie and colleagues (1986, 1988, 1989) suggest that cognitive functioning may not decline older persons. Indeed, older persons who are active and stimulated may actually raise their scores on intelligence tests.

2) Muscular capacity: The body also responds to continued exercise and use. Muscles, for example, become stiff with age, losing elasticity and strength. It is important for older persons to continue using their muscular capacity, especially to regain movement after illness or injury. A loss of strength can be reversed in individuals who exercise (Deobil, 1991; Goldberg & Hagberg in Schneider & Rowe, 1990).

3) Nutrition: Many of the changes associated with aging are actually attributable to lifestyle, poor nutrition, lack of exercise, and medications (Ausman & Russell in Schneider & Rowe,

1990). When nutrition is adjusted and adequate exercise occurs, many problems can be corrected. According to the U.S. Department of Health, Education and Welfare, the leading causes of death in older persons are heart disease, cancer, and cerebrovascular disease. Environmental factors such as nutrition, exercise, psychological factors, and social settings affect these conditions. Increasingly, research indicates that our lifelong environment plays a significant role in ameliorating conditions considered hallmarks of the aging body.

As we learn more about the normal physical and cognitive changes that occur in aging, we realize the validity of the "use it or lose it" adage may indeed be valid. Older adults can and should maximize physiological and psychological capacities. Thus, it behooves the adult education community to provide education in successful aging and lifespan programs that address cognitive and physical wellness.

Locus of Control

The issue of locus (place) of control, which can be internal or external has been the subject of recent research. This concept, also called "autonomy," refers to decision-making throughout our lifespan. As we mature, we find that others depend on us and we depend on others. Yet we have an on going drive to be autonomous, to take control of as many decisions as possible. This drive exists even when we choose to be dependent on someone else, to join a group, to be a member of a family. From the two-year-old's earliest "No! Me do it!" to the ninety-

two-year-old's "No thank you, I'd rather do it myself," we wish to be in charge. This is the "internal" locus of control. The "external" locus of control refers to instances when we must succumb to the wishes of others, when an outside force is, appropriately or inappropriately, making a decision for us.

Studies show us that "fear of loss of control over one's environment is often mentioned by the elderly" (Feingold & Werby, 1990, p. 25). Indeed, research on projects which attempt to restore decision-making to institutionalized elders finds that, when given responsibility, older persons respond with physical and psychological improvement, and a greater feeling of wellness (Feingold & Werby, 1990; Langer & Rodin, 1977; Rodin & Langer, 1977; among others.)

Connections and Intergenerationalism

A fact of life is that we are all interdependent. Each of us needs to be a part of a community and to play a part in the world. As we grow older, we find that contributing to others is a means of connecting and of elevating our own self-concept. Erikson (1963, 1982, 1986) points out that throughout adulthood there is a great need to be generative, to care for others, to work for the next generation. When we do not find ways to contribute, we lose our creative inclinations. Erikson (1963, 1986) believes we grow through generativity. If we do not grow, we may become hypochondriacs, self-absorbed and stagnant.

To connect with older adults practitioners will provide outlets for these creative impulses, especially for the need to

contribute. Educators have been especially innovative in producing intergenerational curricula to involve older adults in the lives of younger people (in particular, see Birren & Deutchman, 1991; McClusky, 1990; Moody, 1988, 1990, Wolf, 1992.) A recent event held at a community college in Connecticut included a theater production about the lives of grandparents who are caring for their grandchildren. Several hundred participants came to this performance and, during a discussion period after the performance, dozens of cross-generational families attested to the importance of this dynamic in their lives.

Challenges: Meeting Them

In order for adult educators to meet the challenges of gerontological education, they must understand the current status of older adults and their demographics. In 1990, persons over the age of 65 made up 16 percent of America's adult population and cast 22 percent of the votes in the 1990 elections (U.S. Government, Census and you, 1992). Today, people in the United States can expect to live to age 76, and the age is rising. Between 1980 and 1983 alone, the population of persons over 65 grew by 7.2 percent. In 1993, an estimated thirty-one mission persons in this country are over 65, constituting 12 percent of the total U.S. population (U. S. Bureau of the Census, 1989); the highest proportion of this age group in our nation's history (National Center for Health Statistics, 1984). In the year 2030, this group will comprise 21.1 percent of the total population. This demographic shift will dramatically alter our collective

societal experience.

I have touched only on a few challenges of learning and older adulthood. Also available is literature exploring the learning needs for productive aging (Scott Bass, 1993), diversity and aging (Fernandez-Gil, 1993), disabilities and aging, literacy and aging (Fisher, 1993), and workers and aging (M. Brady.)

Conclusion

Finally, adult educators themselves must unlearn several myths about aging. One myth is that all older adults end their lives in nursing homes. In fact, at any one time, only five percent of persons over the age of 65 are in long-term care settings (Kahana, in Maddox, 1987). Another is that all older persons are unhappy: indeed, surveys of older adults regularly dispel this myth. A third myth is that all older people are alike. The typical gerontological response is, "How could they be? They have had more time to become different from each other than any other age group!" Each older adult is unique and has the capacity to meet life's challenges. Adult educators will find that the last period of life is as full of potential for growth and development as any other. Indeed, we have only to remember that all of life is a process of learning.

In Jacob the Baker, Noah benShea describes the first step in learning about older adults:

> "The old man rests on the hill and looks out through his experience on the beauty of the world.
>
> "He understands what has happened to him. He

understands what he sees. But, he does not see, and will never see the world again, the way he saw it as a child on that first, clear morning."

"Yes . . . but," interjected a little girl unable to contain herself, "the old man can remember what he once saw!"

Jacob's head swiveled toward the child.

"You are right. Experience matures to memory. But memory is the gentlest of truths."

"Are you afraid of growing old, Jacob?" asked a child, giggling while she spoke.

"What grows never grows old," said Jacob. (1989, p. 77)

It behooves the world of adult education to appreciate and promote the growth of older adults: the challenge of their learning is significant and the power of learning to meet this challenge is great.

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(and Selected Resources)

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